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No. 5.

THE Southern Practitioner

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DEVOTED TO MEDICINE AND SURGERY.

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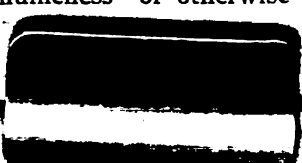
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NO. 5

Original Communications.

TREATMENT OF COLLES' FRACTURE WITH REPORT OF A CASE OF DOUBLE FRACTURE OF THE LOWER ENDS OF THE RADIUS.*

BY DUNCAN EVE, A. M., M. D., OF NASHVILLE, TENN.

Colles' fracture has been the cause of more suits for mal-practice than perhaps all other fractures combined. We should therefore strive to minimize deformity, which is the rule. It is the most frequent fracture except perhaps the one of the clavicle, at its outer and middle third juncture. The injuries sustained by the soft parts are extensive. The ligaments are strained and

*Read at regular meeting of Nashville Academy of Medicine, Tuesday, March 24, 1908.

lacerated, the tendons and sheaths contused and the synovial sac often filled with blood.

Like in all fractures, reduction is all important, which too often is not thoroughly accomplished. Imperfect replacement means deformity, stiffness of tendons and wrist and often an almost useless hand.

Helferich, suggests if the backward displacement of the lower fragment is very pronounced, the middle of the fore-arm of the patient should be grasped with the left hand of the surgeon and his thumb used to control the fragments, while the patient's hand is grasped at the metacarpus with the right hand of the surgeon, and quick and increasing traction should be exerted in the axis of the fore-arm. By this plan he claims most displacements can be reduced.

It will sometimes require simultaneous traction, forced flexion and pronation, for the lower fragment is often pushed back in supination at the time of the injury, while the rest of the radius is forcibly pronated. Bergmann, approves of combined flexion and pronation, as the hand is brought into the best position for maintaining reduction.

For fractures caused by falls upon the dorsum of the flexed hand, the steps of manipulation should be in the reverse order. Extension is facilitated over a fulcrum such as your knee, or a sand bag. In an oblique fracture, there is great tendency for the displacement to return if the surfaces of the upper and lower fragments are not entirely apposed. After reduction the line of continuity of the radius should be unbroken.

Pilcher, has demonstrated the fact that in Colles' fracture a portion of the dorsal periosteum is untorn, and this untorn portion acts as a binding band to hold the fragments in deformity. For this reason, we think it is best to employ Levis' plan of reduction, which is first, to make hyper-extension to unlock the fragments, by relaxing the dorsal periosteum; secondly, to make longitudinal traction to separate the fragments; and finally, to make forced flexion to get them into position.

"The practice and custom of the individual will determine the choice of this and that method. With the proper selection there

are many roads to success, for the time has passed when every new observation should lead to a new splint." If the tendency to displacement is slight, the splint may stop at the elbow, but where it is desirable to immobilize the entire radius, some authorities claim the elbow should be included. The splint should be adapted to the individual case, and if possible, leave one side of the fore-arm free for inspection. The renewal of the support depends upon circumstances, but ordinarily it is well to change the dressing every two or three days for gentle massage.

A great many devices are in use, among them can be mentioned Bond's splint, used by surgeons to a great extent in the East. This splint is so arranged as to allow the fingers to be left free, so that passive motion can be made early. The splint should be removed in three weeks and a bandage worn for a week or two more, because of the resulting swelling. In applying Bond's splint, it is advised not to pull the hand too much up on the block, for fear the fracture will unite with a projection upon the flexor surface of the extremity, as the tendons of the wrist are apt to be caught in the callus. Roberts, of Philadelphia, claims the most satisfactory dressing is a straight dorsal splint. He claims it prevents the recurrence of deformity and is mechanically the proper mode of treatment. He advises it to be worn three or four weeks. Moore, of Rochester, advised a cylindrical compress over the ulna, held in place for six hours with adhesive strips, then cut the plaster, placing the fore-arm in a sling, and let the hand hang over the edge of the sling. Pilcher, also uses a band of adhesive plaster around the wrist and supports the wrist in a sling. "Koenig, recommends the employment of Roser's splint which is about the width of the fore-arm, begins at the external condyle and extends at least to the first phalanges of the fingers." Naturally it is well padded. It is so applied to the back of the fore-arm and hand that the hand is allowed to hang down in flexion. The splint is thus in contact with the arm only to the wrist, the free space beyond to the fingers is filled in best with a firm graduated linen compress, so applied as to form a wedge. The tapered end lies directly upon the lower backwardly displaced fragment.

The fingers are left free in order that they may be moved

while the splint is in place. Schede's anterior strip, as it is called, is a device popular with many German surgeons.

The treatment of this fracture without splints has recently found several advocates. Helferich recommends Storp's suspension cuff, which is applied as follows—"After reduction is accomplished, the hand is brought into extreme adduction and flexion; a strip of adhesive plaster about four inches wide is wound several times around the lower end of the fore-arm down to the styloid processes; a second strip forms a loop over it on the posterior surface, to which a sling is fastened. This strip or loop is attached over the middle of the radius on its dorsal surface, so that when the hand is suspended from the neck by the sling, it will be in ulna-volar flexion."

After an extended trial, we have come to look with favor upon Levis's and Gordon's pistol-shaped splints. This latter is not Nelaton's full-angled pistol-shaped splint, but one that accomplishes moderate ulna deflection of the hand and fingers. In a case with only moderate deformity and without grave complications we use the Levis splint, applying it on the anterior surface of the fore-arm and leave the fingers free for passive motion which is begun within the second week of treatment. It places the hand in a natural position of rest (semiflexion of the fingers, semi-extension of the wrist and deviation of the hand towards the ulna side). Upon the other hand, in well defined cases, especially where there is impaction, which should always be pulled apart, we employ a Gordon splint on the dorsal surface of the fore-arm and hand, which extends from the elbow down past the fingers; with it we use a shorter anterior splint extending from the junction of the middle with the upper third of the fore-arm, just past the wrist. These latter supports are to be worn with suitable compresses, one, the larger posteriorly over the lower fragment, and the other, the smaller, anteriorly over the lower end of the upper fragment. The dressing should be worn for three weeks but removed and re-applied every few days. At the end of three weeks, it has been our custom to remove the Levis or Gordon splint and apply for an additional week or ten days, a strait dorsal splint. In old persons the splints should be worn longer. Massage

and passive motion, should as a rule, be commenced not later than the second week.

If a stiff joint and limited tendon-motion evenuate we use sorbefacient ointments, tincture of Iodine, electric massage, hot-air apparatus, or give ether and manipulate the member. The prolonged use of hot water and the constant squeezing of a soft rubber ball, will ordinarily accomplish normal functional results. It is always well never to dismiss a patient until it is known the member has been made useful as possible.

In general, the statement is correct, that typical fractures of the lower end of the radius, by satisfactory treatment and in the absence of functional disturbances resulting from callus, recover in from three to four weeks. In young subjects this is almost without exception, but in middle life it requires five to six weeks, and in the aged even a longer time.

We take great pleasure in presenting a patient we are just about concluding the treatment of. The following is the history, etc.:—

Mr. R. H. Thrall, aged 30, of this city, fell off the top of a box-car to the ground on Feb. 17th, last, receiving his weight on both out-stretched and pronated hands, causing by a cross-strain a transverse fracture of his left radius three quarters of an inch above the wrist, and an oblique fracture of his right radius an inch above the wrist. In each fracture the usual dorsal mounting up of the lower fragments took place. A complication presented itself in the fracture of the right wrist, which our experience leads us to believe is not unusual, viz.: the tearing off the internal lateral ligament from the ulna styloid. Both hands were abducted, the lower ends of the upper fragments could be felt anteriorly beneath the flexor tendons; voluntary pronation and supination were lost; crepitation could be felt in each on manipulation, and in every way the fractures presented the characteristic "silver fork deformity."

Attempt was made to anesthetize the patient with ether, but showing an embarrassment in breathing, we discontinued the anesthetic and with the assistance of my son, we simultaneously reduced the fractures by Levis' plan.

Levis splints were employed to maintain reduction. Finding, however, on the third day, the right radius was not assuming as good a position as liked, we concluded to substitute a Gordon splint for the Levis. These splints were employed for three weeks, when both the Levis splint on the left and the Gordon splint on the right were finally removed to give place to straight dorsal supports which were used ten days longer.

We attribute the promising good results, both in the relief of deformity and seeming restoration of function, to having thoroughly reduced the fractures, immobilizing the same in proper supports and having the patient apply early and sufficiently often for the accomplishment of passive manipulation and massage.

THE DIAGNOSIS OF CYSTITIS CYSTICA BY MEANS OF THE CYSTOSCOPE.

BY HERMAN L. KRETSCHMER, M. D., CHICAGO, ILL.

In the diagnosis of surgical diseases of the urinary bladder, the cystoscope stands first and foremost as the single factor giving us the most accurate findings which enable us to make an exact diagnosis, without which, a rational therapy is out of the question.

With the cystoscope practically in a state of perfection, and a resort to its use in all cases presenting symptoms of an intravesical lesion, or a lesion higher up in the urinary tract, combined with a careful microscopic study of small pieces of tissue removed from the bladder during a supra pubic cystotomy, has not only resulted in clearing up many obscure vesical conditions, but they have also proven that many conditions of the bladder that were formerly regarded as extremely rare are in reality of rather frequent occurrence.

Just as the examination of a patient complaining of cough, dyspnoea, and haemoptysis would be incomplete without the examination of the chest with the stethoscope, and a careful micro-

scopic examination of the sputum, just as incomplete is the examination of a patient complaining of symptoms relative to the urinary tract, (Hematuria, Dysuria, etc.) without a cystoscopic examination, and a careful microscopic examination of the urinary sediment. Especially if we will remember that such an examination can be carried out practically without pain, being free from danger, and consuming but a few minutes' time.

While it is very true that the urinary examination is a big aid toward establishing a probable diagnosis, it can not give us enough information upon which to make a positive diagnosis, such as can be made by the use of the cystoscope.

The presence, for example, of blood or pus in the urine, is simply evidence of disease in the urinary tract. The origin of the blood or pus can accurately be determined by the use of the cystoscope, which on the one hand may demonstrate the nature of the intravesical lesion producing the blood or pus, such as a stone, tumor, etc., while on the other hand, if the blood or pus be of renal origin it excludes the bladder and at the same time establishes the fact whether the bleeding or the pyuria is bilateral or unilateral, and if the latter whether it be right or left sided. As an additional aid with a view to being accurate beyond all doubt the ureteral catheter should be resorted to.

In view of these facts too strong a plea cannot be made for a more universal use of the cystoscope and ureteral catheter, in all cases of obscure urinary symptoms, for without them it is impossible to carry out a rational surgical therapy.

Oftentimes in cases which come to operation without a cystoscopic examination having been made before operation, there may be noted during the course of the operation, changes of various kinds in the bladder mucosa. The operator should never hesitate in these cases to remove a small piece of tissue from such a bladder for microscopic study, since this procedure can under no consideration do the patient any harm whatsoever, while on the other hand many pathologic changes in the bladder are easily and positively cleared up in this manner.

This can easily be carried out in cases for example of cystitis cystica, and should always be done as a routine procedure in

the cases, with the idea of giving further information to this interesting subject.

Cystitis cystica or better perhaps urocystitis cystica, is not a very rare condition nor one of recent occurrence. It has been known to the pathologists for a good many years, by whom it was found post-mortem in patients dying of disease outside the urinary tract (broncho pneumonia).

Thus we find cystic formation mentioned by Morgagni, Rayer, and Rokitsky. Its recognition clinically has been made possible by our use of the cystoscope in all obscure urinary cases, and undoubtedly the more the cystoscope is used the more frequent will many of the lesions of the urinary bladder be found that were formerly considered rare.

Cystitis cystica may be limited to a small area in the bladder, and it seems in such places that are the seat of long continued irritation, such as may be seen around the vesical end of a bladder fistula; sometimes they may be seen around the ureteral orifices in cases of descending infection. These cystic formations have also been seen around broken down bladder tumors, and they are not infrequently seen around tumors that invade the bladder. It occurs not infrequently that the cystic formations may be limited to the trigone, and in other cases the entire mucous membrane of the bladder may be completely studded with them, so that it is with difficulty that the normal mucosa can be seen. In this connection it must not be forgotten that cystitis cystica may be limited to the bladder, but that not infrequently there is associated a similar cystic condition of the ureters and the pelves of the kidneys, and likewise cystic formation may occur in the ureters without cystic formation in the urinary bladder.

These cystic formations have also been produced experimentally, more accidental than intentional, by Giani, who placed capsules containing Tubercle Bacilli in the urinary bladder of rabbits by means of a suprapubic cystotomy and immediate closure of the bladder. As early as the 15th day after the introduction of the bacilli Giani noted changes in the bladder epithelium which finally resulted in the formation of these small cysts.

These cysts are interesting both as regards their occurrence and recognition cystoscopically as well as their histological picture.

It was Von Brunn who first described the occurrence in the bladder mucosa, of Epithelial bodies which he called "Epithel Uester" and "Epithel Zapfen," the former having no connection with the surface epithelium and were surrounded by connective tissue, while those designated as "Zapfen" were directly connected with it. In the course of their development these Epithelial bodies show a tendency to the formation of lumina. An Epithelial nest may show the presence of several lumina—sooner or later these lumina become filled with a thick colloid-like substance, so that the lumina which often have no outlet become disturbed, and growing in the direction of least resistance, reach the free surface of the bladder, projecting above the mucosa, where they may be seen as small, yellowish, transparent cysts, (cystitis or better perhaps "urocystitis" cystica).

Cystoscopically they may be seen as tense, yellowish globules, varying in size from that of caviar to the size of a small pea. As already mentioned only a few cysts may be seen or the entire bladder may be covered by them not forgetting that the cysts may be seen only on the trigone.

The cystoscopic picture is a classical one, so that the danger of confusing it with other intravesical lesions, is not a very great one. One condition that may closely simulate it is the occurrence of tubercles in the mucosa. Tubercular ulcers, of course, bear no resemblance to it whatsoever. A point which will greatly aid in the differential diagnosis is the fact that tubercles are to be found at the seats of branching of the vessels whereas the cysts bear no relation to vessel branching.

Bullous Edema may possibly be mistaken for cystitis cystica but if we will bear in mind the appearance of bullous edema which has been likened to a "bunch of grapes" there will hardly be much trouble of making the differential diagnosis.

413 Sedgwick St.

"GOULASH."

BY WILLIAM F. WAUGH, M.D., CHICAGO, ILL.

Stark says that the conditions governing an ideal cardiac therapeutic agent are, that it should act solely on the heart, without blemishing any other organ; that it is possible to apply a mathematically exact dose; and that the heart should be rapidly influenced. For these purposes he recommends the intravenous application of strophanthin.—*British Medical Journal*.

At the last meeting of the American Therapeutical Society, Dr. E. H. Long commented on "the prevailing neglect of medical schools to furnish adequate instruction in the art of prescribing and the use of reliable and well-known remedies." Very nice, but why should they? Medical schools are judged by the success of their students in passing examinations. Why should they waste their time and that of the students in instructing them on branches which are not brought up before the State Examining Boards? The schools very wisely give their principal attention as to the students, to those subjects on which their license to practice depends, and on no others.

In the *Journal of the American Medical Association*, a writer reports two cases of tetanus cured by hypodermic injections of solution of magnesium sulphate. This is another illustration of the unsuspected values lying in drugs, and of the fact for which we have strongly contended, that the medical profession has by no means exhausted the possibilities of drug medication, so far as to be able to lay it aside as worthless. When so common an article as Epsom salts possesses such unsuspected possibilities, what are we to say of the rest of the *Materia Medica*? Our contention cannot be assailed, that the medical profession is today ignorant of drugs and of their values; and that the greatest field for the future lies in the development of the study of drugs and their clinical applications.

Dr. Sawyer writes, in *The Medical Times*, that the cause of milk sickness, or trembles, is the bitter snake-root or eupatorium ageratoides; and that this has been repeatedly proved by feeding

animals with the plant, when the disease was promptly induced. We call this to the attention of our readers, and would be glad to hear from those who can give us any further information upon the plant, or the disease. This has since been contradicted and disproved by the Bureau of Agriculture. The malady is probably bacterial, being self-reproductive.

The Texas Medical Journal has a good editorial on the deadly fly. As Daniel says, the remedy is such a simple one: Bury all stable manure and burn garbage. If this is done the fly will find no place in which to breed.

In *The Medical World*, R. W. Bowers describes a very remarkable case of psoriasis: It was a man 73 years old, who was also suffering from a severe attack of subacute bronchitis, with extreme anorexia and continued nausea. Starvation being imminent, he was given one-eighth grain of morphine with one-two hundredth atropine hypodermically. This was repeated every morning for 28 days. On the 29th he awoke well, not only of his stomach trouble, and the bronchitis, but of a troublesome psoriasis, which had resisted all treatment for many years.

Thiosinamine does soften but does not destroy scar tissue. Its effects are rapid and may be observed often in four hours, but are of a passing nature. It is an adjuvant to mechanical treatment, which should be applied to such scars as are rendered extensible under its influence.—*Canadian Journal of Medicine and Surgery*.

Niederkorn, in *Ellingwood's Therapeutist*, says that he relieves chest pains with phosphorus better than with bryonia, aconitine, asclepias, jaborandi, strychnine, or any other ordinary remedy.

With a full knowledge of what the intestines contain, it is not reasonable nor just to charge infections to the improperly prepared sutures, lack of sufficient preparation or of care or after-treatment.—F. E. Walker, *Dietetic and Hygienic Gazette*.

Thanks to the physiologist of today, we now see the sympathetic union that exists between the different organs of the body.—del Mas, *The Critique*.

Speaking of the ethic objections to physicians holding shares in drug companies, the *British Medical Journal* says: "If the

company sells only such goods and in such a way that he and not the patient will be the direct purchaser, this objection would not apply."

Over twenty years ago Dr. R. G. Eccles analyzed a number of poisonous cosmetics, hair preparations, etc., for the *Druggist's Circular*, which published them, and thereby incurred the ire of some conscienceless proprietors.—*The Pacific Pharmacist*.

W. F. Milroy writes to *The Medical Herald*, warning the profession against the practice of rectalanesthesia. He reports one case in which severe inflammation of the bowel followed, the patient being discharged nearly, but not altogether cured, at the end of three weeks. In another case the patient died in about thirty-six hours, with most terrible sufferings. An extensive ulceration extended from above the anus to within four or five feet of the stomach. This ended rectal etherization in that hospital.

In *Albright's Office Practitioner*, Dr. Geo. B. Simpson describes a case of more than usual interest. A young man was sent to him for treatment for the alcohol habit. For weeks previous to this the man had been stupid and irrational. The treatment for alcoholism was commenced, and was followed by nausea and vomiting, which increased to such an extent that the patient seemed in danger of death. Nothing in the treatment was calculated to cause such effects, which on the face of the matter were unaccountable. Chronic convulsions followed of the most alarming character. To control these Dr. Simpson administered morphine, atropine and glonoin, but with slight effect. After a most violent convulsion opisthotonos developed. In this emergency it occurred to Dr. Simpson to give a trial to the H-M-C tablets, and one of these was hurriedly injected. Relief came promptly, the patient relaxed, fell asleep, slept peacefully four hours, and awoke rational. It then came out that in addition to the use of alcohol the man was a morphine habitue, but so secretive that even his wife was unaware of this. The symptoms were attributed to the sudden withdrawal of the drug. Dr. Simpson lays great stress upon the use of the Webster Springs water in the treatment of alcoholism. This water seems to be incompatible to

alcohol, people being unable to use the water and intoxicating beverages at the same time. The water is a saline, strongly impregnated with sulphur.

CATARRH OF THE FEMALE GENITAL ORGANS.

BY JUSTIN HEROLD, M. D., NEW YORK CITY.

Catarrhal conditions of the female genital organs are characterized by a discharge. This discharge must determine whether the condition is catarrhal or whether it is due to a growth. Making your diagnosis by exclusion with the aid of the microscope, determine that it is a catarrhal condition and treat it likewise. Gonorrhea is in the majority of instances the cause of vaginitis. Vaginitis is treated first by douching the parts with a solution of Glyco-Thymoline, one ounce to a quart of hot water, applying strips of cotton or gauze saturated with the solution and left in place for twelve hours, even may be repeated more frequently than twice a day. This may be alternated with other antiseptic and astringent solutions. In other and severe forms of vaginitis, douching and irrigation of the parts with Glyco-Thymoline may be practiced with advantage and after the application of stronger caustic and other remedies. If the uterine mucous membrane be the seat and origin of the discharge the parts must be dilated, strong applications made, irrigated before and after to clean out all deleterious material and to neutralize the excess of the caustic or other medicament that may be employed. For this purpose I make use of irrigations of Glyco-Thymoline, one ounce to the pint.

BEFORE DECIDING ON THE NECESSITY FOR A LAPAROTOMY for some vague abdominal condition, where distention is present, empty the bladder. In many cases the acute abdominal distress will disappear.—*American Journal of Surgery.*

Abstracts.

INFORMATION ON MEATOX, GRANULATED BEEF FIBRE.

BY DR. H. ENDEMANN, OF NEW YORK.

Our nourishing products, that is, the natural elements which are used as food, are of two different kinds. We require heat or energy-producing matter, such as starch, sugar and fat, and also matter which will build up our tissue and sustain our strength. For this latter purpose albumen and muscular fibres of meat are necessary, and these are transformed by the stomach and intestines into soluble substances which are assimilated and absorbed by the blood.

When the digestive tract is weakened, this process often goes on very slowly, particularly so on account of the common vice of swallowing food without proper mastication. For many years efforts have been made to counteract the effects of this fault, by offering to the public nourishing food in pulverized form. Starchy products when pulverized become flour, farina, etc., and fats become emulsions. For forty years this idea expressed itself in different methods applied to meat. My own investigations date back about that far, and I am satisfied that the digestibility of meat is considerably enhanced by its pulverization. The older preparations, however, did not possess the very necessary qualities of retaining their strength and freshness.

Mr. Charles Marchand, of New York, has now found that the strength of such preparations is materially heightened when the extractive substances of the meat are first removed. These extractive substances are stimulant but they contain no nourishment, and the digestibility of the meat is not affected by their removal. This must be considered as an absolute advancement. The product obtained is known by the name of Meatox.

Meatox has from time to time been analyzed by different chemists and it is absolutely free from preservatives. These analyses and physiologic experiments all show too that it contains a high percentage of digestible meat protein, that is, in round numbers about 80 per cent. Of fat it contains about 6 per cent to 7 per cent, and of celery salt used as flavoring, less than 1 per cent, indigestible substances less than 1 per cent, with water and substances forming the balance.

That such a preparation has a very high value as food in cases of sickness and convalescence and in chronic malnutrition is obvious of course. But it also fills a long-felt want in that field where it becomes necessary to transport food products in a form of highest possible concentration and lightest weight; for instance, in the provisioning of armies and navies, and of expeditions and traveling parties into wild countries. One pound of Meatox is equivalent in nourishing value to five pounds of lean, boneless beef, or the same quantity of "canned beef," which latter, when "preserved," often acts as a poison.

Meatox cannot make a bouillon, because the extractive substances are missing, but if the aroma is desired, it is easily obtained by adding a small quantity of meat extract, which will act as a stimulant, but it does not add any amount of nutritious substance whatever. I know of no meat preparation which possesses such a high percentage of digestible nutriment as does Meatox.—*Abstracted from Der Hausdoktor, April, 1908.*

DIETETIC TREATMENT OF CONSTIPATION.

BY E. S. M'KEE, M.D., CINCINNATI, OHIO.

(Abstracted from Dr. F. L. Rattermann's article published in the *Lancet Clinic* February 8, 1908.)

The writer first defines his position regarding the form of constipation referred to. Not every condition in which constipation is but one of the associate symptoms is understood, because it of itself, that is constipation, might not be the predomi-

nant cause in inducing the patient to seek relief. The many cases of associating constipation as in heart disease, or diseases of the lungs or kidneys, or circulating poisons in the system as lead or opium, or diseases of the brain as meningitis, tumors or apoplectic conditions, or general psychosis as melancholia, or diseases of the spine as myelitis or locomotor ataxia, are not meant because the constipation in these cases is the effect not the cause and treating the stomach by lavage with from a pint to a quart forms in which the symptoms of constipation stands out predominant, or which had stood out predominantly, but through either neglect of patients to watch themselves, or, if they did, through the deleterious effects of excessive catharsis from self imposed medication or from the cathartics of indiscreet physicians, gastric symptoms of heaviness, bloatedness, temporarily complicated and pushed in the back-ground the cardinal etiological factor in the case, namely, the constipation. The writer advises immediate eradication of the associate gastric symptoms before treating the constipation, and that is best done by putting aside the cathartic and treating the stomach by lavage with from a pint to a quart of water, to which either one-half teaspoonful of salt or bicarbonate of soda has been added, whereupon the gastric symptoms as a rule rapidly subside; and then tentatively introduce the dietetic treatment; which the physician naturally controls or modifies to suit the desires, and idiosyncrasies of the patient. In the morning say seven a. m. several glasses of either cool or warm water slowly drank to which a pinch of salt is added to each glass. Breakfast should consist of oatmeal gruel, with milk and sugar, a cup of cocoa or coffee with milk sweetened with plenty of sugar, graham bread, black bread or pumpernickel with a great deal of fresh butter or honey, jams of various kinds or New Orleans molasses. Immediately after breakfast the patient should attempt to defecate. For dinner any kind of meat except the very fatty as pork, then salty herring or caviar, plenty of vegetables as peas, beans, kohlrabi, lettuce, chicory, spinach, cabbage, graham or black bread, or pumpernickel with a great deal of fresh butter, and as a desert fresh or cooked fruits as apples, pears, peaches, prunes, plums, figs and dates. As a diluent a

glass or two of sweet wine or sweet cider is advisable; also plenty of water taken after and between not during the meal. Buttermilk if fresh is strongly advisable. For supper about the same as at breakfast except the oatmeal. Before retiring a fresh apple or orange. Cathartics might be used temporarily with benefit, but should be dropped as soon as possible. The essayist prefers the aromatic fluid extract of cascara sagrada in ten drop doses three times daily, and increased two drops each day until the desired effect is obtained; when gradually it is decreased one drop each day till the original dose is reached, when the noon, morning and lastly evening dose is discontinued. In case of failure with cascara, the essayist suggests a tablet composed of aloin, strychnine and belladonna. At times it becomes necessary to use a cathartic permanently, in which case it is highly advisable to experiment with the weaker cathartics, and choose that one if possible which through observation acts without increase of dose or deleterious effect upon the system. Occasionally the writer states that neither diet nor cathartics act, in fact the case is aggravated by the usual means. He demonstrates this by the report of a case of spastic constipation which was aggravated by diet and cathartics, but immediately subsided when sedative treatment as opium, belladonna and hyoscyamus was introduced.

ALKALOIDAL SILVER—COLLARGOLUM.

"La Clinique," of Paris, Nos. 32, 5, 1907, calling attention to the fact that collargol would be discussed at the next Congress of Medicine in Paris, requested its readers for reports of their experiences with the remedy, whether good or bad. Of the responses received, all of which were favorable, the following are cited:

Dr. Ruyssen had unguentum Crede inunction repeatedly in a puerperal pyemia. Thereupon the lochias became copious and assumed the color of collargol solution, retaining it as long as unguentum Crede was used. Simultaneously with this phenome-

non, which he ascribes to an excretion of collargol by the mucosæ of the inner genitals a progressive retrogression of temperature and rapid recovery ensued. He also reports a dangerous erysipelas, cured with the ointment.

Professor Jeanbran has always seen success from a treatment of acute cystitis which he learned from Tavel in Berne, consisting of the daily injection of 10 to 20 c. c. ($2\frac{1}{2}$ to 5 drams) of one to three per cent. collargol solution into the bladder. While silver nitrate injections are agonizing, collargol causes no painful reaction whatever. Moreover collargol more quickly inhibits the pain of the cystitic process and appears to have a more energetic action on the infectious cause. In chronic cystitis its action is less striking, as is the case with silver nitrate, since the causes (prostatic hypertrophy, etc.) continue. Here also collargol irrigations and injections are preferable, because of their painlessness.

Dr. Frere has for some years used collargol in all acute infections, to his satisfaction. He enumerates, as especially convincing, three cases—a grippe with pronounced meningeal symptoms, a double broncho-pneumonia, and an acute articular rheumatism—in these the sequence of the change in the clinical picture upon the intravenous collargol injection, was particularly striking.

In a discussion of puerperal septicemia (*Amer. Jrl. Obstet.*, June, 1906) Professor George T. Harrison said: If one does not use collargol in these severe forms of infection, one has not done his duty. I have saved cases with it that I could not have cured in any other way. When intravenous injection cannot be employed, collargol should be given by inunction or per rectum.

A third reaction, fully as common as the others, and to which all women themselves called attention, is the remarkable euphoria after an injection. Distressing symptoms—headache, intense thirst, dyspnoea—disappear very rapidly. This was quite striking, for it took place in one patient at the same time as the rigor, while the temperature in the axilla rose to 108 degrees. The rigor causes no more discomfort than that which follows normal delivery, and thus differs from septicemia chills.

Collargol gives rise to no signs of argyria (paralysis, nephritis, enteritis, etc.,) as in the case with argent. nitr.

When we began to use collargol, we had just encountered a long series of failures with Marmorek's serum. In January, 1903, we made our first timid attempt, injecting 2 c. c. of solution in a woman whose temperature oscillated between 100 and 104 degrees, despite our endeavors. Defervescence was sudden and immediate, and was only disturbed secondarily by the appearance of an abscess. Since that day, taking only hospital cases into consideration, we have collected 40 complete observations. That this series of cases is so small, is due to our desire, until quite recently, to reserve collargol for the most serious cases—cases that resisted all ordinary methods of treatment—in order to collect reliable statistics on the value of collargol.

Twenty-seven, or seventy per cent. made favorable recovery. In fifteen cure was obtained with one injection; in seven with two injections, and in five with three to five injections. Four of the cases had not proved refractory, but as they were grave from the start—women with putrid fœtus and fever through labor or auto-contamination through extragenital suppuration—collargol was injected at once, in a certain sense as a prophylactic. Of the thirteen who succumbed, nine received one injection, three of whom came to the hospital the day before death; three received two injections; and one died after long cachexia despite five.

We desire to lay stress on the fact that in the majority of cases we turned to collargol as our last ray or hope.

UTERINE FIBROIDS may be differentiated from disease of the tubes or ovaries by noting whether or not the cervix moves in the opposite direction when the tumor is pushed from side to side.—*American Journal of Surgery.*

IF THE BLADDER DOES NOT DRAIN after a suprapubic cystostomy, in all probability the catheter or drainage tube has become displaced into the space of Retzius.—*American Journal of Surgery.*

A PROPERITONEAL EPIGASTRIC HERNIA may give no external signs. The patient merely complains of pain in the epigastrium.—*American Journal of Surgery.*

Selected Articles.

PATHOLOGY AND ETIOLOGY OF CANCER.*

BY J. SHELTON HORSLEY, M. D., RICHMOND, VA.

There is so much difference of opinion on the pathology of tumors as to render unprofitable a discussion of the pathology, *except* as to certain well-recognized principles that are universally accepted.

We know that cancer is a malignant tumor, composed essentially of abnormal epithelial cells, in contradistinction to sarcoma, which is made up of abnormal connective tissue cells. It is often impossible to tell in what respect a single cancer cell differs from the normal epithelium from which it arises. Difference in appearance of the cell itself, which formerly commanded so much attention, is now believed to be a matter of insignificance, except as to the frequency of the mitotic figures in these cancer cells. The presence of these figures can be understood when it is recalled that the essential feature of all malignant tumors, whether cancerous or sarcomatous is immaturity. It is this rapid growth and consequent immaturity which causes the cell to pass quickly through the various mitotic changes that would normally occur more slowly making it easier to find mitotic figures in rapidly growing cells. The microscopic diagnosis of cancer depends, not upon the individual cell, except so far as the mitotic figures are concerned, but upon the grouping of the cells, and the arrangement of these groups with reference to normal tissue. Cancer cells have been rightly described as epithelial cells in a state of anarchy, knowing no law, governed by no rules, and growing without limitation.

According to Senn, cancer may be classified from a histological

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standpoint as squamous celled, cylindrical celled and glandular cancer.

Squamous-celled Carcinoma.—This variety arises from the skin and from the mucous membrane of the mouth or pharynx. It begins as a small crack covered with a scab. The epithelium grows down, and infiltrates the deep layers of the skin and the subcutaneous tissue, forming a very hard circumscribed mass intimately attached to the skin. This lump soon ulcerates, and the margins of the ulcer are elevated, hard and somewhat everted. The cells are a prototype of the squamous cells of the skin, and grow in continuous columns from the skin. As they multiply rapidly the progeny from one cell forms a group of cells, which fill up the connective tissue spaces and form alveoli. At the center of the alveolus the old cells change their shape from prismatic, and undergo hornification—in imitation of the stratum corneum—forming nest-like arrangements, called “pearls.” Squamous-celled cancer usually runs a chronic course. Such growths are often seen about the faces of old men as open scabby sores that have existed without much increase in size for years. This comparatively chronic course is due more to the anatomical condition than to any lack of virulence on the part of the cancer cells, as the deep layers of the skin hold the cells in check. When a squamous-celled cancer arises in a region abundantly supplied with lymphatics, as the lips or mouth, or when it has penetrated deeply and broken the bounds of the deep layers of the skin, rapid growth begins, and the tumor then resembles the glandular variety of cancer. Infection of the lymphatics in squamous-celled cancer is uncommon except in the later stages, for reasons already given.

Glandular Carcinoma.—This variety of cancer resembles acinous glands in structure and in the character of epithelium. It arises from the epithelium of an acinous gland, such as the mammary gland, and rapidly infiltrates the surrounding tissue, its cells filling up the spaces formerly occupied by acini of the normal gland. It is hard or soft, depending upon the ratio between the cancer-cells and the stroma. When soft and rapidly growing, the cells are abundant, and the connective tissue small in

amount; when hard and firm, there are few cancer cells, and a large amount of stroma. The former variety is called encephaloid; the latter scirrhus; but they both represent merely different amounts of stroma and cells in a cancer of the same general histological structure. The increase in stroma is sometimes so great as to render it difficult to find any cancer cells, the contraction of the connective tissue having destroyed most of them. The development of such large amounts of connective tissue is probably due to some irritating toxin elaborated by the cancer cells, resulting in an increase of stroma in a similar manner to the formation of excessive tissue in cirrhosis of the liver.

Cylindrical-celled Carcinoma.—This form of cancer derives its epithelial cells from the hypoblast, and is found most frequently arising from the mucous membrane of the stomach and intestines, or from adjacent glands or from the uterus. It imitates tubular glands, and consists of crypts or of long tubules irregular in size and arrangement. These tubes or crypts are lined with single, or usually with multiple, layers of cylindrical epithelium. The basement membrane is imperfect and permits the cancer cells to invade the adjoining tissue. At some points the cells invade the basement membrane itself. This form of cancer shows early metastasis, and has a special predilection for bone, even where the original growth may be small and comparatively insignificant.

Causes of Cancer.—In considering the causes of cancer, we will first take up those predisposing causes that are generally accepted. Whatever may be the agent that calls the cancer cell into activity, there are certain conditions which are generally recognized as greatly favoring its growth.

Prominent among such indirect causes is *heredity*. Every careful observer has been struck by the influence of heredity in cancer. Instances have been reported where whole families have been destroyed by this disease. Paget relates a case in which a lady, two of her daughters and eight of her grandchildren died with cancer. Warren records an instance of a cancer of the lip in the father and in one son, with cancer of the breast in two daughters, and cancer of the breast in two grandchildren. We

do not know whether the influence of heredity is exerted in lessening the resistance of the normal tissue to cancer cells, as in the case of tuberculosis in regard to the tubercle bacillus, or whether it tends to increase the virulence of the cancer cell.

Traumatism is a potent factor. It has long been noted that cancer is prone to occur at points of irritation. The pyloric end of the stomach, the ileo-cæcal valve and the rectum are all constricted portions of the alimentary canal where irritation and traumatism are greatest, and where cancer is most likely to arise. Occupations that cause constant traumatism of any special portion of the body frequently produce cancer in these regions. Cancer of the lips or tongue in smokers has been noted for many years. The scrotal cancer of the chimney-sweeps of London, due to the irritation of soot in the folds of the scrotum, is well known to English surgeons. W. J. Mayo, Turck and others have shown that cancer of the stomach often follows gastric ulcers. The occurrence of cancer in the scar of burns is another example of the influence of traumatism. Paget and Billroth assert that one-fifth of all cancers can be traced directly to an injury of some kind.

The age of the patient evidently has much to do with the development of cancer. It is rarely found in individuals under 30 years of age, but developing under this age it is exceedingly malignant. The ability of any tissue to resist the attack of a cancer cell will determine that tissue's vitality. When the virulence of the cancer is so great, or the resistance of the tissue so small that the cancer begins to make its appearance before the patient is thirty years of age, the prognosis is always grave. According to Thiersch, the chief reason for the development of cancer in the later years of life is the lack of resistance consequent upon the physiological change of tissue with approaching years. The weakness and loss of elasticity of the stroma and basement membranes and of subcutaneous connective tissue, which is one of the most marked evidences of approaching age, offer a favorable opportunity for the aggressive epithelial cells to increase and multiply.

The influences of diet, climate and altitude are not clearly es-

tablished. It is probable that cancer is very rare among the Indians of North America, and among the natives of certain portions of Africa, but the statistics to support these claims are not sufficient to justify accurate conclusions. It is thought by some that mental depression, anxiety and worry act as predisposing causes. This is quite likely true, but these causes operate by making the patient prematurely old, so decreasing the resistance of the tissues. The contention of Rokitansky that tuberculosis and cancer do not occur in the same individual has been disproved by many competent observers.

In considering the *direct causes* of cancer we are met by a multitude of theories. The facts, however, that stand out in all theories of importance seem to emphasize the loss of control by the tissues of the body. Whether this is due solely to local causes, or whether the general inhibitory powers of the body have been awakened it is difficult to say. It is true, however, that all manifestations of cancer are local at first. The direct cause of cancer is unknown. The unit of a cancerous tumor is the cancer cell, just as the soldier is the unit of an army; but what force impels a cancer cell to cut loose from all laws that govern normal epithelium, and take on such riotous and unlimited growth is a question that yet awaits solution. There is no dearth of theories, but no one theory can be satisfactorily demonstrated, and many of them are more fantastic than logical.

The *theory of Cohnheim* is the most noted one and, with some modifications, probably comes nearer being generally accepted than any other. His claims are based on the well-known embryological facts that the three blastodermic layers represent permanent divisions of tissue. The epiblast and the hypoblast give rise to all epithelial cells, while connective tissue is derived solely from the mesoblast. In the development of the embryo, cells from any one of these layers may become somewhat displaced and, losing connection with their parent layer, they may remain in a latent state until excited to activity by a predisposing cause, such as traumatism or old age. The theory is rendered more probable by similarity to various physiological processes. The germs of permanent teeth remain dormant for many years. The

development of hair at the age of puberty, and the activity of the mammary gland in the female at this period point to the fact that such changes are due to matrices of cells formed during embryonic life and called into activity after years of quiescence. The rapid growth of dermoid cysts from a matrix of cells that has long remained latent is a common observation. It is difficult to believe, however, that such "rests" are placed as numerous over the whole body as would appear from the frequent occurrence of tumors at points subjected to constant trauma or irritation. Then, too, the occasional growth of a cancer from the scar of a burn, where all the original embryonic tissue had been destroyed, indicates that there are at least some instances where the strict application of the Cohnheim theory does not hold. Instances of this kind can be fully explained, however, by somewhat modifying the theory of Cohnheim so that the matrix of cells may be displaced either during embryonic development, or in post-natal life. If parts that are subject to injury require repair, and this repair is done by embryonal cells, it is quite possible that there might be more embryonal cells than are necessary for repair, and that some of these might become displaced, and act as a matrix for future new growths.

Whether a tumor is benign or malignant depends upon the stage at which the matrix of cells was displaced. As has been mentioned before, the most striking characteristic of malignant tumors is immaturity of their cells. If the matrix consists of cells that have been displaced during a very immature period, the resulting tumor will be of immature cells, and consequently malignant. If, however, the matrix has been displaced when the tissue from which it is derived has been well developed or distinctly differentiated, the resulting tumor will consist of more slowly growing and mature cells, and will be benign. In this way, then, with the modification including a matrix of cells of post-natal origin as well as of the embryonic period, the theory of Cohnheim accounts for all tumors—both malignant and benign.

Ribbert claims that the origin of malignant tumors is due to a certain cell or group of cells breaking away from the physio-

logical relations of control of the rest of the organism. In this way they may increase without limitation, being dependent upon normal tissue only for their nourishment, but in no way governed or controlled by the rest of the body. When such a cell finds its way into the vessels and lodges at a distant part of the body it develops a tumor by metastasis of the same character as the parent growth. Ribbert's theory has not been widely accepted, and has not the physiological analogies that are present to substantiate the modified theory of Cohnheim.

The theory of nervous disturbance for the origin of tumors is not a new one, nor has it ever received much attention. It was announced by van der Kolk in the middle of the last century. Recent studies of acromegaly in which enlargements of the bone have been found associated with disease of the pituitary body might give some ground for supposing the existence of nervous centers that regulate growth.

The theory of John Beard, of Edinburg University, has recently attracted much attention, partly on account of the therapeutic measures recommended, which are a logical conclusion of his theory of the development of tumors. He assumes (*New York Medical Record*, February 2, 1907), that in the first divisions of the ovum the cells are not embryonic, that they first form an asexual organism, called the trophoblast. The primitive germ cell, which forms the embryo, arises upon the trophoblast, somewhat as in the case of the larval stage of lower organisms. In all animals there appears what he calls a "critical stage" when the trophoblast disappears through the action of enzymes produced by a primitive pancreas. He cites the well-known fact that trophoblastic cells are, under certain conditions, very destructive, and if allowed to persist in an unchecked form will eat their way through the uterus and destroy the mother's life. This is the chorio-epithelioma of Marchand. In the benign form of chorio-epithelioma, trophoblastic cells are only partially destroyed by the ferments of the pancreas, which are not sufficient to suppress entirely the cells of the trophoblast, while exercising an inhibitory influence upon them.

According to Beard, benign tumors are pathological manifes-

tations of some portion of the embryo, and consist of normal tissue; whereas malignant tumors arise before the embryo was formed and are products of the trophoblast. Besides these two great classes he recognizes a third, which he calls amphimyxomata, as a combination of both benign and malignant tumors, including elements from both the trophoblast and the embryo. The theory is interesting, but not convincing and the therapeutic test of this theory—the injection of trypsin and amylopsin—has not given satisfactory results in the treatment of cancer.

The parasitical theory of cancer has of late received considerable attention, due largely to successful transplantation of malignant tumors in mice and in dogs. Interest has centered about certain bodies which have been seen within the cancer cell. They were described in 1847 by Virchow who thought them a product of degeneration. In 1889, Thoma wrote of these bodies and believed they were protozoa. From that date down to the present time numerous observers have noted and studied these bodies, among them Steinhaus, Borrel, Foa, Ruffer, Plimmer, Bose, Gaylord, Posner, Apolant, Embden, and Calkins. They have become known as "Plimmer's Bodies." They are small, highly refractive, and spherical, with a delicate limiting membrane. There is no direct proof that these bodies are parasites, although many observers believe that they are. Perhaps the best argument in favor of their being parasites is their similarity in appearance to a known organism—*Plasmodiophora brassicæ*—and the fact that in many respects they resemble some forms of the small-pox parasite.

Various other organisms have been described as the cause of cancer. Many of them have been proven to be harmless saphrophytes due to accidental contamination. Others have been shown to be yeast organisms, or blastomycetes, which have been described by San Felice and others as occurring in cancer.

Kelling, of Dresden, advanced the theory that cancer was often due to implantation of embryonal cells from other animals, particularly from raw eggs. Having a foreign origin these cells would not establish physiological relation with the host, but would grow independently and act as parasites. He claimed that the

administration of raw eggs in ulcer of the stomach was likely to produce cancer by the implantation of embryonal cells from the raw egg on the surface of the ulcer. Kelling's experiments to establish his theory have been entirely disproved by many observers, such as Ribbert, Fudd and others.

Gaylord claims that in the disappearance of cancer, following the application of the X-ray, the cell does not degenerate until a late stage; that apparently some agent that causes the malignant cell is destroyed first, and later the cell disappears.

Many laboratories have successfully transplanted both cancers and sarcomas in lower animals. Some of these tumors, notably one of Ehrlich No. 7, has been so virulent that there have been 100 per cent. successful implantations from this growth in a long series of experiments. Beebe, of New York (*Journal A. M. A.*, November 2, 1907), gives an interesting account of transplantation experiments in lympho-sarcoma of dogs. His experiments along this line seem to disprove one of the strong contentions of the pathologists in favor of the parasitical theory, for he says that thin slices of the sarcoma transplanted in a dog do not degenerate entirely, as has been claimed, but degenerate merely through the center, while the cells along the edges of the transplanted tumor begin to grow at once. One of the most striking experiments is that reported by Ehrlich and Apolant (*Berlin Wochen.*, 1905, No. 28, and 1906, No. 2). These observers have noted three times that the transplanted carcinoma in mice would eventually lose more and more of the epithelium, and gain more connective tissue, which was young and very cellular, until after several generations a typical polymorphous sarcoma would develop. This fact is a very strong argument for the presence of some parasite or microbe that has the power of converting epithelial cells into cancer, and of gradually transferring its influence to connective tissue, producing a sarcoma. Recently, Gaylord (*Medical Record*, February 2, 1907), has reported the observation of a spirochete, somewhat similar in appearance to the spirochete pallida of syphilis. He has observed it in many of the experimentally produced tumors. He says these microbes occur most plentifully in the actively growing portions of a tumor, and

are usually found in an epithelial cell surrounded by small vacuoles. They are now apparently constant in three strains of transplanted tumors. This spirochete has not been isolated, and, of course, its etiological relation to cancer is a mere matter of surmise at present.

In spite of these fascinating experiments of transplantation, it is difficult to believe in the parasitical theory of cancer with the present knowledge before us. The mere fact that a tumor is transplanted is by no means a conclusive argument in favor of the parasite. Epithelial tissue as skin-grafts can be transplanted from one part of a person to another, or from one individual to another individual and made to grow. Before any of the modern experiments in transplantation of tumors, the knowledge of metastases in the human body had been fairly well worked out. It is true that some toxin formed by the growth of cancer cells has an irritating and destructive effect upon the animal organism, but it does not necessarily follow that the toxin must be of bacterial origin. It may be a product of the cancer cell, just as deranged epithelial cells in the thyroid may give off a poisonous toxin. We know that constant irritation of any kind predisposes to cancer, and that the more rapidly growing the cancer the greater the amount of toxin. It is certainly probable that the pronounced irritation of toxin from a virulent and rapidly growing cancer may act upon the connective tissue and cause a sarcoma, as in the experiment of Ehrlick, purely as a result of irritation and injury from the toxin.

Finally, if cancer is due to parasites it is a question whether there is one kind of parasite or many; whether, for instance, the same microbe that produces cancer will also cause sarcoma. If this be true, it is evident that every malignant tumor would be a mixed tumor, for any parasite that would attack epithelium must also come in contact with connective tissue, and, as the tumor extends, various other tissues would be acted upon by this organism. In a cancer of the lip, for instance, both the epithelial and connective tissue elements would be affected, as well as the muscle, and when the bone was reached, a sarcoma of the bone would be produced. If, on the contrary, there are different or-

ganisms which cause malignant growths, we would be compelled to imagine an almost endless number of them, causing not only the many varieties of malignant tumor, but attacking different kinds of tissue as well.

Records, Recollections and Reminiscences.

SPECIAL NOTICE!

The 18th Annual Re-Union, U. C. V., will be held in Birmingham, Ala., Wednesday, Thursday and Friday, June 9th, 10th and 11th, proximo, and the Eleventh Annual Meeting of the Association of Medical Officers of the Army and Navy of the Confederacy will be held at the same time and place. Members who wish to present papers, essays, etc., will kindly notify at an early date, the Secretary of the Association, Dr. A. A. Lyon, State Capitol, Nashville, Tenn.

CIRCULAR LETTER FROM THE SECRETARY.

State Capitol, Nashville, Tenn.

April 9, 1908.

Dear Doctor:

The Eighteenth Annual Reunion of the United Confederate Veterans will be held in Birmingham, Alabama, June 9, 10, 11, 1908.

At the same time and place will also be convened the Eleventh Annual Meeting of the "Association of Medical Officers of the Army and Navy of the Confederacy."

Its sessions will be held in a well-chosen hall near the center of the city, and in proximity to the general reunion auditorium,

and the hours of meeting of the two bodies will be arranged so as to conflict as little as possible one with the other.

The objects of the Association are very largely social, in that they bring together, face to face, the former associates and confreres identified with the bloody events and trying experiences of the fast-fading "sixties;" but beyond this is sought another object more essential in its nature.

It will be remembered that among the very first buildings destroyed by fire on the occasion of the evacuation of Richmond in 1865 were those containing the records, reports and other papers of the Surgeon-General, and though much has been preserved, through various publications since, our medical and surgical records are still very meagre. It is, therefore, the purpose of our Association to make them more nearly complete by personal contributions, in the form of historical facts—embodying also the correction of historical errors—of essays, bearing upon the medicine and surgery of the period, of reports of cases in army practice, reminiscences, and, in fact, all other matters of interest embodied in, or germane to, our individual experiences as members of the medical departments of the Confederate Army and Navy.

All members of the medical profession who served as Surgeon, Assistant Surgeon, Contract Physician or Acting Assistant Surgeon, Hospital Steward, or Chaplain, during the late war between the States, shall be eligible to membership as regular members, and the Secretary shall be instructed to enroll their names as such when application in writing is furnished, together with a statement of the official position and rank held in the Army or Navy by the applicant.

All Confederate veterans who are regular doctors of medicine are eligible to membership as associate members; and all sons of Confederate veterans who are regular doctors of medicine shall be eligible to membership as junior members. They all have the same rights and privileges on the floor of the Association at its meetings, and only differ in name to indicate the several classes forming our Association. The membership fee is one dollar, and

the annual dues, paid by all only at subsequent meetings which they attend, is one dollar.

The members had opportunities of making a part of the magnificent history of our Medical Department; the associate members had the opportunity of being present at the making of that history, and to them may remain the recollection of some important facts pertaining to that history that have not yet been placed on the printed page; and to the junior members will soon be left, and to them alone, the duty of preserving and perpetuating all the important facts of that history which may be known.

Then, if you are eligible to either membership, associate membership, or junior membership, it is sincerely hoped by all who have an interest in these matters, that you will (if you possibly can) attend the meetings of the Association, and give your help, aid, and assistance in adding whatever you can to the facts of a history of which every man of Southern feelings may well be proud.

Every one who will prepare a paper, essay, or report of cases or incidents is requested to inform the Secretary (undersigned) prior to June 1, by mail, addressed to Nashville. After that date and prior to the meeting, the information should be sent to Dr. J. C. Abernathy, 1906 First Avenue, Birmingham, Alabama, Chairman of the Committee of Arrangements, so that the program can be prepared.

From present indications the coming reunion of United Confederate Veterans in the enterprising and hospitable city of Birmingham, promises to be a most successful and thoroughly enjoyable occasion.

The Jefferson County Medical Society—the second largest in the State of Alabama—has extended a most cordial invitation to our Association to meet in their city, and from data recently obtained, they are making preparation for our reception and entertainment that would seem to indicate a most satisfactory meeting, so far at least as local conditions are concerned. Let us, therefore, make both our attendance and our work commensurate with the occasion.

Fraternally yours,

*A. A. LYON, M.D.,
Secretary.*

Editorial.

TENNESSEE STATE MEDICAL ASSOCIATION.

The seventy-fifth annual meeting held in the Circuit Court room of the Court House at Knoxville, May 14, 15 and 16, was the most largely attended meeting ever held in this portion of the State, more than one hundred members having registered on the first day, and others on the succeeding days.

The meeting was called to order by Dr. B. D. Bosworth, of Knoxville, the chairman of the Committee of Arrangements, on Tuesday morning, and, after an invocation by Rev. J. J. Taylor, pastor of the First Baptist Church, addresses of welcome by Mayor Jno. M. Brooks and Dr. H. H. McCampbell, of Knoxville, with response by Dr. W. D. Haggard, of Nashville, the President, Dr. A. B. Cooke, took charge of the meeting, and the scientific work began. A number of excellent papers, followed by interesting discussions proved both instructive and profitable during the three morning and two afternoon and evening sessions of Tuesday, Wednesday and Thursday. The President's address was the special order for Tuesday evening, his subject being "Medical Organization, Its Purposes and Possibilities." The Wednesday evening session was occupied by a "Symposium" on the very important subject of "Tuberculosis," during which papers were read by Drs. Y. L. Abernathy, of Hill City; W. A. Bryan and Wm. Litterer, of Nashville; H. P. Coile and M. Jacob, of Knoxville, and others, the discussion being along the lines of various phases of the infection. Also at the evening's session Prof. Lucius E. Brown, Inspector of Pure Food and Drugs, read a most important paper, giving an outline of his work since taking charge of the office in January, last.

The most important work of the House of Delegates was the adoption of measures to substitute a monthly periodical in which to publish the papers and proceedings of the meeting in lieu of an annual volume of transactions.

The discussions were stenographically reported by Wm. Whitford, of Chicago, and will appear in due time with the essays and papers in the *Journal of the Association*.

On Thursday morning the House of Delegates elected the following officers for the ensuing year: President, Dr. Benjamin D. Bosworth, Knoxville; Vice-President for East Tennessee, C. T. Carroll, Cleveland; Vice President for Middle Tennessee, J. W. Brandau, Clarksville; Vice-President for West Tennessee, W. T. Blanton, Union City; Secretary

and Editor of the Association Journal, Dr. Geo. E. Price, Nashville; Treasurer, W. C. Bilbro, Murfreesboro. Delegates to American Medical Association, which meets in Chicago in June, S. W. Woodyard, Greenville; alternate, George R. West, Chattanooga; for 1908-09, S. S. Crockett, Nashville; alternate, K. S. Howlett, Nashville. Delegates to American Association in event membership of the society reaches 1,200, Jere L. Cook, Jackson; alternate, L. Leroy, Memphis.

Nashville was selected as the next place of meeting, the time being the second Tuesday in April, 1909.

PRIZES TO BE AWARDED AT THE INTERNATIONAL CONGRESS ON TUBERCULOSIS

The Central Committee of the International Congress on Tuberculosis has Announced the offer of the following prizes for the meeting to be held in Washington, D. C., September 21 to October 12, 1908:

I. A prize of \$1,000 is offered for the best evidence of effective work in the prevention or relief of tuberculosis by any voluntary association since the last International Congress in 1905. In addition to the prize of \$1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

Evidence is to include all forms of printed matter, educational leaflets, etc.; report showing increase of membership, organization, classes reached—such as labor unions, schools, churches, etc.; lectures given; influence in stimulating local Boards of Health, schools, dispensaries, hospitals for the care of tuberculosis; newspaper clippings of meetings held; methods of raising money; method of keeping accounts.

Each competitor must present a brief or report in printed form. No formal announcement of intention to compete is required.

II. A prize of \$1,000 is offered for the best exhibit of an existing sanatorium for the treatment of curable cases of tuberculosis among the working classes. In addition to the prize of \$1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

The exhibit must show in detail construction, equipment, management, and results obtained. Each competitor must present a brief or report in printed form.

III. A prize of \$1,000 is offered for the best exhibit of a furnished house, for a family or group of families of the working class, designed in the interest of the crusade against tuberculosis. In addition to the prize of \$1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of

award. This prize is designed to stimulate efforts towards securing a maximum of sunlight, ventilation, proper heating and general sanitary arrangement for an inexpensive home. A model of house and furnishing is required. Each competitor must present a brief with drawings, specifications, estimates, etc., with an explanation of points of special excellence. Entry may be made under competitor's own name.

IV. A prize of \$1,000 is offered for the best exhibit of a dispensary or kindred institution for the treatment of the tuberculosis poor. In addition to the prize of \$1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

The exhibit must show in detail construction, equipment, management and results obtained. Each competitor must present a brief or report in printed form.

V. A prize of \$1,000 is offered for the best exhibit of a hospital for the treatment of advanced pulmonary tuberculosis. In addition to the prize of \$1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

The exhibit must show in detail construction, equipment, management and results obtained. Each competitor must present a brief or report in printed form.

VI. The Hodgkins Fund Prize of \$1,500 is offered by the Smithsonian Institution for the best treatise that may be submitted on "The Relation of Atmospheric Air to Tuberculosis."

The detailed definition of this prize may be obtained from the Secretary-General of the International Congress or Secretary of the Smithsonian Institution, Chas. D. Walcott.

VII. Prizes for Educational Leaflets:

A prize of \$100 is offered for the best educational leaflet submitted in each of the seven classes defined below. In addition to the prize of \$100, a gold medal and two silver medals will be awarded in each class. Each prize and medal will be accompanied by a diploma or certificate of award.

Competitors must be entered under assumed names.

- A. For adults generally (not to exceed 1,000 words).
- B. For teachers (not to exceed 2,000 words).
- C. For mothers (not to exceed 1,000 words).
- D. For in-door workers (not to exceed 1,000 words).
- E. For dairy farmers (not to exceed 1,000 words).
- F. For school children in grammar school grades (not to exceed 500 words).

In classes A, B, C, D, E, and F, brevity of statement without sacrifice of clearness will be of weight in awarding. All leaflets entered must be printed in the form they are designed to take.

- . G. Pictorial booklet for school children in primary grades and for the nursery.

Class G is designed to produce an artistic picture-book for children, extolling the value of fresh air, sunlight, cleanliness, etc., and showing contrasting conditions. "Slovenly Peter" has been suggested as a possible type. Entry may be made in the form of original designs without printing.

VIII. A gold medal and two silver medals are offered for the best exhibits sent in by any States of the United States, illustrating effective organizations for the restriction of tuberculosis. Each medal will be accompanied by a diploma or certificate of award.

IX. A gold medal and two silver medals are offered for the best exhibits sent in by any State or Country (the United States excluded), illustrating effective organization for the restriction of tuberculosis. Each medal will be accompanied by a diploma or certificate of award.

X. A gold medal and two silver medals are offered for each of the following exhibits; each medal will be accompanied by a diploma or certificate of award; wherever possible each competitor is required to file a brief or printed report:

- A. For the best contribution to the pathological exhibit.
- B. For the best exhibit of laws and ordinances in force June 1, 1908, for the prevention of tuberculosis by any State of the United States. Brief required.
- C. For the best exhibit of laws and ordinances in force June 1, 1908, for the prevention of tuberculosis by any State or Country (the United States excluded). Brief required.
- D. For the best exhibit of laws and ordinances in force June 1, 1908, for the prevention of tuberculosis by any municipality in the world. Brief required.
- E. For the society engaged in the crusade against tuberculosis having the largest membership in relation to population. Brief required.
- F. For the plans which have been proven best for raising money for the crusade against tuberculosis. Brief required.
- G. For the best exhibit of a passenger railway car in the interest of the crusade against tuberculosis. Brief required.
- H. For the best plans for employment for arrested cases of tuberculosis. Brief required.

XI. Prizes of two gold medals and three silver medals will be awarded for the best exhibit of a work-shop or factory in the interest of the crusade against tuberculosis. These medals will be accompanied by diplomas or certificates of award.

The exhibit must show in detail construction, equipment, management, and results obtained. Each competitor must present a brief or report in printed form.

The following constitute the Committee on Prizes: Dr. Charles J. Hatfield, Philadelphia, *Chairman*; Dr. Thomas G. Ashton, Philadelphia, *Secretary*; Dr. Edward R. Baldwin, Saranac Lake; Dr. Sherman G. Bonney, Denver; Dr. John L. Dawson, Charleston, S. C.; Dr. H. B. Favill, Chicago; Dr. John B. Hawes, 2d, Boston; Dr. H. D. Holton, Brattleboro; Dr. E. C. Levy, Richmond, Va.; Dr. Charles L. Minor, Asheville, N. C.; Dr. Estes Nichols, Augusta, Me.; Dr. M. J. Rosenau, Washington; Dr. J. Madison Taylor, Philadelphia; Dr. William S. Thayer, Baltimore; Dr. Louis M. Warfield, St. Louis.

THE MELLIN'S FOOD METHOD OF PERCENTAGE FEEDING.

We are indebted to the Mellin's Food Company's Press for a very handsome, excellently printed and most valuable book of nearly 200 pages, neatly bound in cloth, and most certainly showing careful, patient and scholarly research along the modern scientific lines of infant feeding. Our readers can get an idea of the immense amount of work involved in the preparation of this book, when it is stated that in one series of experiments, over 1,700 quart bottles of milk were used, and over 3,400 fat determinations made. Nothing was left to theory, or guesswork, but everything was determined by careful analysis and most scientific research.

Aside from the formulas themselves, there is enough new and useful information to make this a valuable addition as a reference book to every physician's library. There are tables showing how to obtain top milks and creams, containing 3.7 per cent fat to 30 per cent fat, from milks of different qualities; and how to obtain bottom milk from "market" milk, or from special certified milk. Analyses are given of Mellin's Food, of cow's milk, of skimmed or separated milk, bottom milks, top milks and whey.

The book contains about 500 formulas; the proteids in these carrying from .30 per cent to 3.50 per cent; the fat from 0 to 4 per cent, and the carbohydrates from 2.25 per cent to 7 per cent. Think of the variety of formulas this must mean: formulas of Mellin's Food and fresh, whole milk, of Mellin's Food and top milk, or skimmed milk, or whey, or water; in fact, one may here find formulas to suit any, or all conditions of infantile digestion. Moreover, the index and explanation are so plain and concise that any formula required can be easily found, and any variations from it quickly made. The caloric, or fuel value of each fluid ounce is also given with each formula; thus one may make use of the best American or the best German method, as desired.

We certainly think the Mellin's Food Company is to be congratulated for the energy and ability shown in compiling this book for the use of the medical profession of America. Like a dictionary, it may not be

wanted *every* day, but when it is wanted and is at hand, its value is *unquestionable*. It is truly a dictionary especially adapted to infant feeding.

Any physician interested in the subject of infant feeding can get a copy by addressing The Mellin's Food Co., 291 Atlantic Avenue, Boston, Mass.

THE MANUFACTURERS OF LISTERINE are proud of Listerine, because it has proved one of the most successful formulæ of modern pharmacy. This measure of success has been largely due to the happy thought of securing a two-fold antiseptic effect in one preparation, *i. e.*, the antiseptic effect of the ozoniferous oils and ethers, and that of the mild non-irritating boric acid radical of Listerine. Pharmacal elegance, strict uniformity in constituents and methods of manufacture, together with a certain superiority in production of the most important volatile components, enable Listerine to easily excel all that legion of preparations said to be "something like Listerine."

ELEGANT PHARMACEUTICAL SPECIALTIES.—We desire to call the attention of our readers to the advertisement of Robinson-Pettet Co., on advertising page 17. This well known house was founded in 1842, and has justly earned the confidence of the medical profession. Their Hypophosphites are nutritive, tonic and alterative; their Lime Juice and Pepsin is a pure concentrated pepsin combined with pure lime juice; their Phosphoric Elixir is a modified and improved form of chemical food; and their Elixir Paraldehyd is a most excellent hypnotic, anodyne and diuretic.

WHILST THE FORMULA OF TYREE'S ANTISEPTIC POWDER is known to every practitioner, we deem this an opportune moment to submit, as additional evidence of its incomparable value, the views of those whose judgment of therapeutic agents of this class is universally accepted as authoritative in the highest degree. The confirmatory findings of such eminent authorities as Professor Kalusowski, of the George Washington University, Washington, D. C., and Professor William M. Gray, of the Army Medical Museum, Washington, D. C., and the opinions, based upon repeated clinical tests, expressed by exacting and conservative practitioners, are, we believe, sufficient to establish the contention that Tyree's Antiseptic Powder is superior to any other product of a kindred nature, and that it affords results which cannot be obtained by the employment of its components when they are extemporaneously combined. A trial package will be mailed free of charge to physicians if they will send their name and address to Mr. J. S. Tyree, Chemist, Washington, D. C.

CACTINA PILLETS.—We desire to reassure our friends in the medical profession that Cactina Pillels contain only the therapeutic principles of *Cereus Grandiflorus*. No other specie of cactus is employed in their manufacture, nor does any other medicinal ingredient enter their composition.

SULTAN DRUG CO.

GOOD FAITH WITH THE MEDICAL PROFESSION.—It means much to the thoughtful practitioner to have remedies at his command in which he can place implicit confidence as to quality, uniformity, and therapeutic efficiency. The substantial success won by Gray's Glycerine Tonic Comp. during the past fifteen years is the strongest possible evidence of the good faith that has constantly been kept with the medical profession. To prescribe an original bottle of Gray's Glycerine Tonic Comp. is to insure a maximum of benefit to a patient, and a minimum of uncertainty as to the desired results. When other tonics fail to prevent bodily decline, Gray's Glycerine Tonic Comp. will prove a veritable sheet anchor.

INSTEAD OF MORPHIA OR OPIUM.—We meet with many cases in practice suffering intensely from pain, where because of an idiosyncrasy or some other reason it is not advisable to give morphine or opium by the mouth, or morphine hypodermically, but frequently these very cases take kindly to codeia, and when assisted by antikamnia its action is all that could be desired. In the grinding pains which precede and follow labor, and the uterine contractions which often lead to abortion, in tic douloureux, brachialgia, cardialgia, gastralgia, hepatalgia, nephralgia and dysmenorrhoea, immediate relief is afforded by the use of this combination, and the relief is not merely temporary and palliative, but in very many cases curative. The most available form in which to exhibit these remedies is in antikamnia and codeine tablets.

The physician cannot be too careful in the selection of the kind of codeia he administers. The manufacturers of antikamnia and codeine tablets guarantee the purity of every grain of codeia which enters into their tablets. This not only prevents habit and the consequent irritation which follows the use of impure codeia, but it does away with constipation or any other untoward effect.

THE CHAILLE MEMORIAL JUBILEE.—On May 19th the alumni of the medical department of Tulane University propose giving a jubilee to celebrate the anniversary of the fiftieth year of teaching service of Prof. Stanford E. Chaille, M.D. On this occasion it is proposed to announce the establishment of a Chaille Memorial Fund, created to memorialize the occasion of Dr. Chaille's retirement from the medical department and to

perpetuate his name. This fund is to be employed to establish a chair of physiology or a chair of hygiene, to be named after Dr. Chaille. The members of the committee for this fund for the State of Tennessee are F. D. Smythe, M.D. (class of '91), and Percy W. Toombs M.D. (class of '05), both of Memphis. It is a most worthy and deserving effort, and the alumni of Tulane should have no trouble in securing the \$15,000 or \$20,000 required.

JOURNALISTIC CHANGES.—The *Charlotte Medical Journal* and the *Carolina Medical Journal*, both published at Charlotte, N. C., have been consolidated, a stock company having been formed for the purpose of carrying it on. The name of the first mentioned will be retained, and we infer that our very able confrere, Dr. Edward C. Register, will be retained at the helm.

The *California Medical Journal* and the *Los Angeles Medical Journal* also have been consolidated under the name of the first mentioned. The publication office is in the Security Building, Los Angeles, Cal.

We are in receipt of an announcement from Snell Brothers Company, Publishers, Nashville, Tenn., stating that they will establish a new medical journal, *The Southern Medical Journal*, the first issue to appear June 5th. J. A. Witherspoon, M.D., will be editor-in-chief, and W. A. Bryan, M.D., and J. M. King, M.D., will be managing editors. The entire editorial staff comprises seventeen physicians of Nashville, and if they will each one only do a modicum of work it ought to command success in any field.

The Tennessee State Medical Association at its last meeting decided to publish its transactions in the form of a monthly periodical, with its very able, efficient and competent secretary, Dr. Geo. H. Price, in charge of the editorial tripod.

THE AMERICAN PROCTOLOGIC SOCIETY will hold its tenth annual meeting in the Palmer House, Chicago, Ill., June 1st and 2d, prox. Dr. A. B. Cooke, of Nashville, Tenn., is the president, and Dr. Lewis H. Adler, Jr., of Philadelphia, is secretary. Twenty very excellent papers are included in the program. Among the authors' names we notice those of Jos. M. Mathews, of Kentucky; J. R. Pennington, of Illinois; S. G. Gant, of New York; B. M. Ricketts, of Ohio; Jno. L. Jelks, of Arkansas, and others recognized as leading specialists in this particular line of work.

DIED, at his residence in Nashville, Tenn., at 3 a. m., Monday, April 27, 1908, Thos. L. Maddin, MD., in his 83d year.

IN A REVIEW of Dr. I.N. Dauforth's *Life of Nathan Smith Davis, A.M., M.D., L.L.D.*, in the *N. Y. Med. Record* of April 25, 1908, we find the following: "Dr. Davis was one of the founders of the American Medical Association, which he happily saw flourish from a modest beginning to a great and representative body. As a leader among leaders in medical organizations, an active organizer of congresses and conventions, a writer on ethics as applied to the medical profession, and an ardent supporter of temperance and other public causes, the name of Dr. Davis has come to be known throughout the world as that of a representative American physician. In kindness and uprightness of character, in multiplicity of interests, in energy and perseverance there were few like him. It is truly regrettable that he did not live a few years longer, for possibly if he had, and his wise and temperate counsels had continued to prevail, the past four years in the history of the American Medical Association would have been marked by quite different events than have transpired under the present rule."

NOTICE TO ALUMNAE OF THE TULANE MEDICAL DEPARTMENT.—It is important that all graduates of Tulane intending to be present at the meeting of the A. M. A. in Chicago, June 2 to 5, should write at once to Dr. Hugh B. Williams, 100 State St., for information concerning the gathering of the Alumni on June 2. Tulane headquarters will be at the Auditorium Hotel and Alumni are urged to call upon their arrival for information. This is important.

Reviews and Book Notices.

HYPNOTIC THERAPEUTICS IN THEORY AND PRACTICE, with numerous illustrations of Treatment by Suggestion, by John Duncan Quackenbos, A.M., M.D., author of "Hypnotism in Mental and Moral Culture," "Practical Physics," etc. 8vo., cloth, pp. 336. Harper & Bros., Publishers, New York and London, 1908.

The author is a familiar figure in the world of medical hypnotism, and individual cases of his have, from time to time attracted much attention. This volume is the result of 7,000 personal experiences covering seven years of investigation.

In his preface, he says: "An ever-growing interest on the part of enlightened men and women in psychical therapeutics, supple-

mented by his own apprehension of the force of mind as a singularly potent curative instrumentality in the fields of medicine and psychiatry, and as a regenerative power in that of criminal anthropology, would seem to justify the author in placing the results of his personal experience, together with his conception of the psychology of suggestion, at the disposal of an intelligent public."

As a narrative, and a record of humanity, the book will likely interest, amaze, and impress all who may read it.

THE DIAGNOSIS AND TREATMENT OF PULMONARY TUBERCULOSIS, by Francis M. Pottenger, A.M., M.D., of Monrovia, Cal., Medical Director of the Pottenger Sanatorium for Diseases of the Lungs and Throat; Professor of Clinical Medicine, Medical Department, University of California; Corresponding Member of the International Anti-Tuberculosis Association, etc., 8 vo., cloth, pp. 377. Wm. Wood & Co., Publishers, New York, 1908.

In treating the subject of Diagnosis, which he has done very fully, the author has endeavored, wherever possible, to explain the cause of symptoms and the rationale of the physical signs. His contribution to the points in early diagnosis is especially valuable.

Recognizing that the disease is caused by a specific micro-organism, the author has endeavored to discuss clearly and fully as well as impartially, those measures which are of greatest value in bringing about improvement or cure, with an effort to define the possibilities of each measure and to show its limitations. All accepted measures of treatment and prophylaxis, specific, climatic, sanatorial, etc., are fully and carefully considered.

SURGICAL THERAPEUTICS, by Emory Lanphear, M.D., Ph.D., LL.D., of St. Louis, Mo., Professor of Surgery, Hippocratean College of Medicine; Chief Surgeon to the Woman's Hospital of the State of Missouri, etc., 8 vo., cloth, pp. 396. The Clinic Publishing Co., Chicago, Ill., Publishers, 1907.

Deftness and care in operative technic will be of but little avail in surgical conditions unless proper after-treatment and therapeutic aid are correctly seen to. Surgical works are rather too limited, as a rule, along this line, and Dr. Lanphear has combined

some very valuable and practical views in his excellent little work devoted exclusively to the non-operative treatment and therapeutical management of wounds and surgical conditions.

He says in his preface that "it is not intended to be regarded as a complete treatise on 'Surgical Therapeutics,' but might more properly be called 'Practical Suggestions for the Management of Surgical Cases.'"

He has alphabetically arranged the various surgical conditions, and then gives in each case, most excellent and valuable suggestions as to what is best to do in non-operative cases, and in post-operative conditions. We can and do commend his suggestion at the conclusion of his "Foreword," to read the book deliberately through, and then later refer to any particular section desired.

AMERICAN PRACTICE OF SURGERY—A complete system of the science and art of surgery, by representative surgeons of the United States and Canada. Edited by Joseph D. Bryant, M.D., and Albert H. Buck, M.D. Complete in eight royal octavo volumes. Vol. IV., 1010 pages, cloth. Illustrated by chromo-lithographic and other plates and by line and half-tone engravings. Price per volume, extra cloth, \$7.00; brown leather, \$8.00; extra half-Levant Morocco, \$9.00. Wm. Wood & Co., Publishers, New York, 1908.

The wide surgical experience and well-earned professional reputation of Dr. Bryant and the ability Dr. Buck has shown in editing other valuable and important medical and surgical works are fully sustained in the magnificent fourth volume of the American Practice of Surgery; and Messrs. Wm. Wood & Co., having placed the splendid work of the various authors selected by the editors before the surgeons and physicians of the day in most excellent style, this volume will prove a fit companion to its predecessors in the series.

Proper review of a work of this character might well take up pages of any periodical; however, we will limit ourselves to a brief mention of the authors and subjects in Volume IV., as follows:

Dislocations, continued from Part XIII., in Volume III., by Emmet Rexford, M.D., of San Francisco, Cal., occupies the first

102 pages, followed by Contra-Indications to Operations, by Chas. C. B. G. de Nancrede, M.D., of Ann Arbor, Mich., 10 pages; Preparation for Operation, by Geo. Ben Johnston, M.D., of Richmond, Va., 44; General Anesthesia, by Freeman Allen, M.D., and F. E. Garland, M.D., of Boston, Mass., 63; Local Anesthesia, by Jas. F. Mitchell, M.D., of Washington, D. C., 33; Amputations and Disarticulations, by Wm. L. Rodman, M.D., LL.D., and Jno. Stewart Rodman, M.D., of Philadelphia, 103; Excisions of Bones and Joints, by Horace J. Whitacre, B.S., M.D., of Cincinnati, 102; Ligature of Arteries and Veins, by Jno. M. Keyes, M.D., of New York City, 70; Minor Surgery, by Russell S. Fowler, M. D., of Brooklyn, N. Y., 74; Plastic Surgery, by Jno. M. Stone, M.D., of Boston, Mass., 112; completing the part of the volume devoted to Operative Surgery, or Part XIV.

Under the head of Orthopedic Surgery, Part XV., we have the following: Congenital Dislocations, by Chas. F. Painter, M.D., 37 pages; he also has 42 pages more in this volume in which he discusses very ably Infantile Paralysis; Torticollis, by Geo. D. Stewart, M.D., of New York City, 41; Deformities of Lower Extremities, by Royal Whitman, M.D., of New York City, 80; and Tuberculous Diseases of the Spinal Column, by Clarence F. Starr, of Toronto, Canada, 59 pages, completes the subject matter of the volume, to which is added a very full and carefully compiled index of 24 pages.

THE BLUES (*Splanchnic Neurasthenia*)—By Albert Abrams, A.M., M.D., (Heidelberg), Late Professor of Pathology and Director of the Medical Clinic, Cooper Medical College, San Francisco, Cal. Third Edition just issued, contains a comprehensive chapter on Intestinal Auto-Intoxication. Eight vo., cloth, 294 pages; illustrated; price postpaid \$1.50. E. B. Treat & Co., Publishers, 241-243 West 23d St., New York, N. Y.

The object of this volume is to direct attention to a new and heretofore undescribed form of nerve-exhaustion which the author designates splanchnic neurasthenia. The methods of treatment are described in detail and are easily executed. The treatment advocated is based purely on physiological reasoning. The author has handled his subject well, using clear and lucid ex-

pression of his practical thought. No more exalted testimonial could be accorded to the value of this work than its augmenting sale and the early demand for a third edition.

COSMETIC SURGERY—The correction of featural imperfections, by Charles C. Miller, M.D. Including the description of a variety of operations for improving the appearance of the face. 136 pages; 73 illustrations. Prepaid \$1.50. Published by the author, 70 State St., Chicago, Ill.

This is a very excellent and practical little work, and gives valuable suggestions in matters that have received but little attention in more pretentious surgical volumes. Infiltration anesthesia is advised in the operative procedures.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and other topics of interest to Students and Practitioners by leading members of the medical profession throughout the world.—Edited by Warfield T. Longcope, M.D., Philadelphia, Pa., U. S. A., with the collaboration of William Osler, M.D., Oxford; John H. Musser, M.D., Philadelphia; Frank Billings, M.D., Chicago; Chas. H. Mayo, M.D., Rochester, Minn.; A. McPhedran, M.D., Toronto; Thomas M. Rotch, M.D., Boston; John G. Clark, M.D., Philadelphia; J. W. Ballantyne, M.D., Edinburgh; James J. Walsh, M.D., New York; John Harold, M.D., London; Richard Kretz, M.D., Vienna; with regular correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels and Carlsbad. Vol. IV., seventeenth series. Octavo, 296 pages, illustrated in colors and black and white. Cloth, \$2.00; half leather, \$2.25. J. B. Lippincott & Co., Publishers, Philadelphia, 1907.

Medical readers are now pretty well aware of the character of the intellectual pabulum served up by Messrs. Lippincott & Co., in their excellent series of "International Clinics." Vol. IV, 17th series is full well in accord with its predecessors. In it we find five excellent articles on Treatment; six on Medicine; six on Surgery; four on Gynecology; two on Genito-Urinary Diseases; three on Orthopedics; three on Neurology, and one on Otology. Time nor space will permit going into such a review of this number of International Clinics as its merits will deserve; however,

anyone can rest well assured that he will get far more than his money's worth in securing it. Each year since the first volume appeared it seems to us that it has been getting better and better, and the climax seems to have been reached in the last volume of 1907.

NOTHNAGEL'S PRACTICE—DISEASES OF THE HEART. By Prof. Th. von Jurgensen, of Tübingen; Prof. Dr. L. Krehl, of Greifswald; and Prof. Dr. L. von Schrotter, of Vienna. Edited, with additions, by George Dock, M.D., Professor of Medicine, University of Michigan, Ann Arbor. Octavo of 848 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1908. Cloth, \$5.00 net; Half Morocco, \$6.00 net.

In the preface to this splendid volume, Dr. Alfred Stengel says: "The excellence of the series of monographs issued under the editorship of Professor Nothnagel has been recognized by all who are sufficiently familiar with German to read these works, and the series has found a not inconsiderable proportion of its distribution in this and other English-speaking countries. I have so often heard regret expressed by those whose lack of familiarity with German kept these works beyond their reach, that I was glad of the opportunity to assist in the bringing out of an English edition. It was especially gratifying to find that the prominent specialists who were invited to co-operate by editing separate volumes were as interested as myself in the matter of publication of an English edition. These editors have been requested to make such additions to the original articles as seem necessary to them to bring the articles fully up to date and at the same time to adapt them thoroughly to the American or English reader. The names of the editors alone suffice to assure the profession that in the additions there will be preserved the same high standard of excellence that has been so conspicuous a feature of the original German articles."

Dr. George Dock in his "editor's preface" to this volume of the Nothnagel Encyclopedia of Practice says:

"In accordance with the wise view of the editor of the series, I have not attempted many or radical alterations or additions. I did not wish to change the native flavor of the work, but tried

to secure accuracy of language and of statement, to correct the few verbal errors that had slipped into the original, and to make the medicinal preparations conform to the U. S. Pharmacopœia.

"Matters of interest brought out since the original was published have been added in brackets. These include important American and English contributions which I trust will make the work still more valuable as a work of reference. I have found nothing that seemed necessary to omit, and in only one instance have modified what seemed to me the meaning of the author."

We know of no recent work covering so important a subject so thoroughly in all its aspects, leaving nothing to be desired in the line of completeness of information, convenience of reference, exhaustive discussion of the points under consideration, and being as it is, thoroughly up-to-date.

Selections.

ASTHMA.—In connection with the dietetic treatment of asthma, Doctor Francis Hare, Inspector General of Hospitals, Queensland, cites the following case:

"A gentleman, aged 41 years, inclined to be corpulent, suffered for nineteen years from nocturnal asthma, following an attack of pneumonia. He was a large bread eater and indulged freely in pastry, puddings, and other sweets, but did not take much fat. Sugar was cut off, and starch foods reduced to four ounces per diem. The rest of his diet consisted of fish, meat of all kinds, eggs, and green vegetables (non-starchy), not limited in amount, with apples as his only fruit. Clear soups, tea, and coffee were allowed *ad lib.* As a result he ceased to suffer from asthma in four days. He has now remained practically free for eighteen months, though he is not rigid in his adherence to diet, takes but little exercise, and not infrequently more than a little alcohol. At the commencement of treatment he lost ten or twelve pounds in weight; this he could well afford."

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